

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572734

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	0			1		
9	0			1		
10	0			1		
11	1			1		
12	0			1		
13	1		1			
14	1		1			
15	2			1		
16	1			1		
17	1		1			
18	1		1			
19	1		1			
20	3			1		
21	1		1			
22	1		1			
23	1		1			
24	3		1			
25	3		1			
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TOTAL IND.			15			
TOTAL DEP.			22			
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						